

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10-597,024** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4						
5						
6						
7						
8						
9				1		
10					1	
11					1	
12	1			1		
13	1			1		
14	1			1		
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35	1			1		
36	1			1		
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49						
50						
TOTAL IND.	3	↓	4	↓		↓
TOTAL DEP.	33	←	31	←		←
TOTAL CLAIMS	36		35			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS						